

FACSIMILE COVER PAGE

Date: October 5, 2004

To: Examiner Deborah Raizen **Art Unit:** 2873

Total Pages (including cover page): 2

Fax #: (571) 273-2336

From:

Royal W. Craig
Law Offices of Royal W. Craig
10 North Calvert Street, Suite 153
Baltimore, Maryland 21202

Voice #: 410-385-2383
Fax #: 410-385-2385

MESSAGE: - U.S. Patent 10/000,062 -

Please see attached Interview Request Form.

CONFIRMATION COPY WILL FOLLOW: YES () NO (X)

CONFIDENTIALITY NOTICE: Unauthorized interception and use of this telephonic communication could be a violation of Federal and State Law. The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone to arrange for return of the original document to us.

IF YOU HAVE ANY PROBLEM RECEIVING THIS FAX, CALL MURJEL CHIDER AT (410)385-2383.

Applicant Initiated Interview Request Form

Application No.: 10/100,062 First Named Applicant: TSHAK
 Examiner: Deborah Rauzen Art Unit: 2873 Status of Application: Final OA

Tentative Participants:

(1) Deborah Rauzen (2) SPE

(3) Royal Craig (4) Dr. Andrew Ighate

Proposed Date of Interview: Thur 10/7/04 Proposed Time: 2 PM (AM/PM)

Type of Interview Requested:

(1) Telephonic (2) Personal (3) Video Conference

Exhibit To Be Shown or Demonstrated: YES NO
 If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>112</u>	<u>all</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>103</u>	<u>1,3,6</u>	<u>Johansen /</u> <u>Sternbergh</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>"</u>	<u>4</u>	<u>Larsen</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>"</u>	<u>7</u>	<u>Evans</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Continuation Sheet Attached					

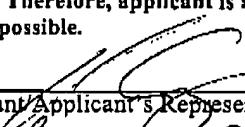
Brief Description of Arguments to be Presented:

That "angularly displaced" has clear meaning
 and trying to get a fix on the Examiner's
 reading of prior art.

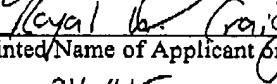
An interview was conducted on the above-identified application on _____.

NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.


 Applicant/Applicant's Representative Signature

Examiner/SPE Signature


 Typed/Printed Name of Applicant or Representative

34145

Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.